INVESTIGATION REQUEST				OFFICE OF THE STATE FIRE MARSHAL
Case Number	Date of request (month, day		□ AM □ PM	Hrs taken by
Name of person making request	Department	City		County
Date of fire (month, day, year)	Day of fire		Time of fire	☐ AM ☐ PM
Owner				
Address of owner(number and street, city, state, zip code)				
OCC/DBA				
Address (number and street, city, state, zip	,			
Description of what burnt	Any fatals?	0_Civ. Juv 0_ No 0_FF 0_	PO Yes	O_Civ. Juv O_Civ.adult No O_FF O_PO
Has the right to enter and search been signed. Yes No		son investigator should contac		contact
FD/PD TX	Work Ix		Res Ix	
Remarks:				
Name of investigator		Date (mon	th, day, year)	